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THE MEDICAL SERVICES INSURANCE ENQUIRY

Proceedings of the Public Hearings held at the Council Chambers, City Hall, Windsor, Ontario, at 10:00 a.m. on Tuesday, December 3rd, 1963.

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Mrs. J.A. AYLEN

Dr. WILLIAM BUTT

Miss HELEN CARPENTER

Mr. DALTON J. CASWELL

Mr. A. ROY COULTER

Dr. R.J. GALLOWAY

Dr. JOHN HAMILTON

Mr. W.S. MAJOR

Miss HELEN McARTHUR

Mr. P.J. MULROONEY

Mr. CARMAN A. NAYLOR

Mr. HARRY SIMON

Mr. J.L. WHITNEY

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--- On commencing at 10:00 a.m.

SUBMISSION OF PRESCRIPTION SERVICES INCORPORATED

Appearances: William Arthur Wilkinson
R.R. Walker, Q.C.

THE CHAIRMAN: Gentlemen, the members of the Enquiry have received and studied the brief which you have submitted. In accordance with the guide for participation in hearings that was mailed to you, it will not be necessary for you to read your brief, but you do have an opportunity to emphasize or enlarge upon its conclusions or recommendations.

Members of the Enquiry may ask you questions on the statements or recommendations submitted in your brief, but you are not to be subjected to examination or cross-examination by other persons.

It is not our intention to debate your suggestions or recommendations, nor to state the views of this Enquiry on them. Consequently, any opinions expressed in questions asked or statements made by members of the Enquiry are intended for clarification only.

As stated in the instructions, one person is to act as your spokesman. However, if the spokesman feels that another member is better qualified to answer a specific question from a member of the Enquiry, the spokesman may

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receive the Chair's permission to request the other member to answer.

Which one of you gentlemen will be the spokesman?

MR. WILKINSON: I will be the spokesman.

THE CHAIRMAN: What is your name, please?

MR. WILKINSON: William Arthur Wilkinson.

THE CHAIRMAN: If you have a copy of your brief with you, the press would appreciate receiving a copy, which you may give to them after the submission.

Now, Mr. Wilkinson, are you ready to proceed?

MR. WILKINSON: Mr. Chairman, members of the Commission: I am the President of Prescription Services Incorporated, which operates a non-profit organization, without share capital. It is called the Green Shield Prescription Plan.

This plan is designed to set up the mechanism to prepay prescribed pharmaceuticals. Our entire purpose in being before this Commission and making this presentation is to emphasize what we believe to be the fact that the Dominion Government is very heavily involved in the purchase and distribution of pharmaceuticals; the Provincial Government is very heavily involved in the purchase and distribution of pharmaceuticals; and that it is highly likely that in any medical service plan we will not be able to talk for very many

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minutes until we have brought in the subject of pharmaceuticals, and if this subject is brought up, then the profession of pharmacy becomes very interested in the method of distribution of pharmaceuticals.

Prescription Services Incorporated, as the only plan of prepayment, becomes very interested in the manner in which the public are permitted to prepay their pharmaceuticals in a medical plan.

So, we have limited our remarks to two phases of this subject. One of them is that this Commission may care to look into pharmaceuticals, their distribution and supply to the general public under a health care plan, and if so, we would then ask the permission of this Commission to submit a detailed brief on the matter, in which our corporation believes that pharmaceuticals could be included in a plan.

The other point was to emphasize, if we can, the difference between the type of prepayment which is prevalent today, as exemplified by P.S.I. or W.M.S. first-dollar coverage on a prepaid basis, as opposed to a reimbursement insurance, where the insurance carriers reimburse the individual on a personal reimbursement claim.

It appears to us that Bill 163 seems to try to effect a marriage between these two types of coverage, and it has been widely suggested to us over the seven or eight years of our operation that perhaps pharmaceuticals could be

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included in a medical care plan.

We would like to point out that if this subject is raised, that it might present some very sizeable difficulties, in that in dealing with the medical care by the physician, Bill 163 envisages the carrier dealing with the doctor, and all of his claims, but if pharmaceuticals were to be included with the high deductible portions that are presently in vogue with major medical and other plans, it would mean that the carriers would be forced to deal, then, with individuals on each pharmaceutical claim.

I think these are the two points, Mr. Chairman, that we would like to make, and we do not feel, in fact we are very aware that pharmaceuticals in the Schedule are not included, but we would like, again, to emphasize that we do not think that medical care can be discussed for very long at any level without pharmaceuticals, and that if this is the case we would like, then, to submit a detailed brief.

Thank you.

THE CHAIRMAN: Thank you, Mr. Wilkinson. Some of the members of the Enquiry have indicated the desire to ask you some questions.

Dr. Butt?

DR. BUTT: Well, I guess the first question we would like to ask you would be, I believe you have other information which might be pertinent, and useful to the Enquiry,

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DR. BUTT: Well, I guess the first question we would like to ask you would be, I believe you have other information which might be pertinent, and useful to the Enquiry,

and I think in a broad statement we would be interested in having all the information that you could detail to us.

Is this possible, that you could do this?

MR. WILKINSON: Yes. Well, Dr. Butt, are you speaking now of the actuarial and the statistical information which Prescription Services has been able to accumulate over the years?

DR. BUTT: Yes. We would be interested to know the groups covered, the actual administrative detail, and possibly the price per month of each individual subscriber, what he is paying, and so on.

MR. WILKINSON: Yes. This information can be made available to this Commission. I would have to get it out for you.

However, from the inception of this plan, we have had a working arrangement with the School of Public Health, Economics, at the University of Michigan, who are doing a continuing study on the Green Shield Plan. Of course, whatever they publish automatically becomes in the public domain, and I understand from Dr. Darsky that they are very close to another report, and we are waiting very anxiously to get it ourselves.

When this is available we will be glad to make this available to the Commission.

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MR. NAYLOR: Mr. Wilkinson, we appreciate the unique experience you have had in this relatively new field, and I would like to ask if you feel that the charge of 35 cents per prescription, which might be called a small deductible, is effective in controlling excessive use of your plan?

MR. WILKINSON: The 35 cents direct payment -- we dislike this word "deductible" -- this direct payment of 35 cents was not designed to control an abuse of the plan. This amount was placed on each prescription in order to discourage the patient from pressuring the physician into prescribing household medicines, which normally could be bought for 35 cents or less, but which, if they were prescribed by a physician, would come under the definition of a prescription in accordance with the Pharmacy Act and the Food & Drug Administration Act. These items, such as Epsom Salts, tincture of iodine, boracic acid, and this type of thing which normally would be bought for 35 cents or less, could conceivably be a written-off prescription, signed by a doctor under pressure, and the patient could go out with a number of these prescriptions.

This is the reason for the 35 cents, and to answer your specific question, it has worked perfectly. There is no problem.

However, it does not serve as a deterrent to the saleability of the plan, and yet it fulfils its original

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function.

MR. NAYLOR: I think the other questions I had in mind would be answered by the detailed information we will receive later, probably. There is just one question I might ask. I don't know whether you sell your plan to individuals as well as to groups, and I was interested in knowing if you feel that it is practicable to offer this plan to individuals, as well as to groups of employees.

MR. WILKINSON: We could find no way, at the present time, of arriving at any reasonable premium if it is open to individuals. It must be group enrolment, and until such time as a geographic area, perhaps, becomes -- there is a precedent for this. W.M.S. for many years was a group participation, but when W.M.S. succeeded in having something in the order of 80% of the County of Essex covered, then they opened it to individuals, assuming that Essex County, as a geographic area, then, was a group 70 or 80 per cent, or more, of which was covered.

MR. SIMON: Five thousand subscribers and 1,100 member pharmacies. Would you tell us where these subscribers and pharmacies are? Are they pinpoints all over the map?

MR. WILKINSON: The plan originated in Windsor, and so the first subscribers came from the Windsor area. In order to have satisfied subscribers, one must have pharmacists who are willing to provide the service. After the initial

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period of pilot study of the plan, and when we felt that the actuarial and statistical data was sufficient that we could then expand, it became apparent that with industry-wide bargaining, that if the plan was to succeed, it could not stay within the confines of one or two counties, and so we revised our policy to spread across Ontario.

Now, here again, the same problem exists. In order to have satisfied subscribers, you must have satisfied suppliers. You have a hen and an egg situation. It seemed to us that the first thing to do was to go and get a pharmacy that would supply the services, so that we could assure it to the subscriber. This is the reason for the 1,100. They are now in some 260 municipalities. Some of them have never filled a prescription under this plan, but they are ready, under contract, and available.

In the last six months we have doubled the plan in subscribers, and we would hope in the next six months to double it again. This, I don't think, is over-optimistic.

In other words, we now have the ground work laid. We have the willing suppliers in the municipalities. Now we can concentrate on subscribers.

MR. WHITNEY: You say 260 municipalities?

MR. WILKINSON: Yes, sir.

MR. WHITNEY: Is that just in Ontario?

MR. WILKINSON: In Ontario. We confined our

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operations entirely to Ontario.

MR. WHITNEY: That pretty well covers them all, doesn't it?

MR. WILKINSON: Oh, no, sir. There are a lot of dots on the map besides those.

MR. WHITNEY: I know there are around 40 cities.

MR. WILKINSON: It certainly covers all the major areas.

MR. SIMON: You state that it is necessary for separate carriers for medical care and prescription plans.

Now, assuming there was a comprehensive medical plan in Ontario, would you suggest that we Balkanize, or divide the carriers for physicians' services, prescription services, nurses' services, ambulance services, and so on? Would we have to have separate carriers for each and every one of these services?

MR. WILKINSON: I'm not sure that I'm competent to answer that question.

It does seem to me, however, that the health team, if you like to put it that way, is essentially hospitals, physicians and pharmacists, and we have here a three-legged stool. We also have other ancillary services, and the nurses are a large segment of this as well, but I would think that it would be essential that you have at least three separate plans, which would include these three legs of the stool.

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I am not at all sure how in the world you can have a comprehensive coverage which would be governed by a Commission, governing individual carriers, who would collect group premiums of three different, or four or five different services, and then attempt to allocate the funds separately. I don't understand how in the world a bookkeeping system would ever determine which plan was subsidizing which, and what the cost of any individual one was.

But this is a personal view. This would make relating the benefits to the premiums almost impossible. So I would think that if we are going to keep this within the framework of free enterprise, which I am sure we all hope can be done, I think there has to be at least three plans.

THE CHAIRMAN: Mr. Major?

MR. MAJOR: Well, Mr. Wilkinson, I think that Prescription Services is to be congratulated for being daring enough to get into a field that is uncharted, and I think that it is of great help to many of the citizens who have it.

I'm interested in some of the details. For instance, have you any idea of what the average cost of a prescription is?

MR. WILKINSON: Oh, yes, sir. We can tell you exactly.

MR. MAJOR: What is it, sir?

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MR. MAJOR: What is it, sir?

MR. WILKINSON: The average cost of a

prescription among standard employable people on the Green Shield Plan is about $4.51. The overall Canadian average is vastly different from this; about $3.24.

The difference is between the availability -- put it the other way -- once you remove the price barrier you find a great difference in both utilization of medication and in the cost of an individual, or an average prescription, if there is such a thing as an average prescription.

MR. MAJOR: Thank you. I was very pleased to hear you reconcile the 35 cents with your first-dollar coverage idea.

On the other hand, if a doctor should write a prescription for Epsom Salts, but under its generic name, if that is the right term, the pharmacist would still fill that prescription.

MR. WILKINSON: This is true, sir.

MR. MAJOR: Now, the price, of course, wouldn't be 35 cents. There would be a professional prescription fee on top of the cost of the material; is that right?

MR. WILKINSON: Well, the individual pharmacist would have to figure out what his overhead was in dispensing and tabulating, writing a label, and all the laws he has to comply with.

MR. MAJOR: This 35 cents, then, has no influence on the doctor, if the doctor feels that he wants to

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prescribe a placeba, sugar, and it has to be unknown to the patient that this is what he is doing, so that the pharmacist would fill that prescription?

MR. WILKINSON: Yes, sir. That is a prescription by definition under The Pharmacy Act and The Food and Drug Administration Act.

MR. MAJOR: Supposing that the doctor writes a prescription, and there is a method, some kind of a coding method, whereby the pharmacist is legally privileged to repeat that prescription, without getting further instructions from the doctor, does this 35 cents apply to the repeats?

MR. WILKINSON: Yes, sir. It applies to every prescription, new, repeat, and not just to the sheet of paper where three prescriptions may be written, but to each prescription.

MR. MAJOR: That is, to each individual item of a prescription, if there were three items of prescribing taking place?

MR. WILKINSON: I want to make sure that my answer is clear in this, that quite frequently a physician will write one prescription, say, for cough medicine, on one single sheet of paper. He may also write four prescriptions on the same sheet of paper: one for an antibiotic; one for a cough medicine; one for a chest drug, and in each case they

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are signed. This is three prescriptions, by definition.

MR. MAJOR: That's the way I understand it. Thank you. Then this 35 cents, really, has no particular influence, as you say, it has no particular influence on the physician; it has no deterrent quality; and really, as I see it, it has no particular relevancy to whether or not a doctor will write a prescription. This is up to him, in his professional approach to the patient?

MR. WILKINSON: Exactly so, sir. Most of the physicians aren't aware that their patients belong to the Green Shield Plan, and it isn't even necessary for them to become aware, because it doesn't impinge itself in any way on the medical society, the medical profession, or the practice of medicine.

It is simply a mechanism whereby the patients may derive their prescriptions on the shared risk plan. We spread the cost of the prescription over time, and over the population.

MR. MAJOR: Thank you, sir. You say you have contracts with pharmacies. Do you understand my terminology when I ask you is this contract an underwriting contract? If, by any chance, Prescription Services should get into financial difficulty, if there should be some kind of an epidemic take place, can you, through your contract, govern the amount of money that you are going to pay to the pharmacy?

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If, by any chance, Prescription Services should get into financial difficulty, if there should be some kind of an epidemic take place, can you, through your contract, govern the amount of money that you are going to pay to the pharmacy?

MR. WILKINSON: Yes. This is one of the main paragraphs in our pharmacy agreement, and that is that the member pharmacy accept as payment in full the schedule of fees which we use, and for any pro-rating thereof as determined by the Board of Directors.

You could conceivably be pro-rated 99% of your bill in the event of a national emergency.

MR. MAJOR: I understand. Thank you. Now, you have mentioned on page 1 that you will cover the prescriptions by lawfully qualified medical practitioners and dentists.

Are there any other people, professional, paramedical people, who are allowed legally to write a prescription?

MR. WILKINSON: Veterinarians, dentists and physicians are the only people who may write prescriptions in accordance with both The Medical Act and The Pharmacy Act.

We do, however, have a problem of physicians of another country, and I presume you were wondering why we use this phrase, "legally qualified," as though there were no ---

MR. MAJOR: Well, maybe I should be more specific, Mr. Wilkinson, and I say that I am not knowledgeable of this, but do osteopaths, podiatrists, chiropodists, do any other profession, or para-profession working ancillary in the health field to the medical profession, have the legal privilege of writing a prescription?

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MR. WILKINSON: Yes. The podiatrists operate under The Podiatry Act, and they may write prescriptions. This is getting into a touchy subject. They may write prescriptions, except for controlled or narcotic drugs, but I don't believe that that is relevant to our appearance here.

We are limited, and I think what you are after is that why did we limit it to physicians and dentists.

MR. MAJOR: No; why didn't you include anyone else in your area who had the legal right to write a prescription? Why would you eliminate anyone else if you were running a prescription service?

MR. WILKINSON: Because they are not included at the moment. If they are dealing with the health of the human body it doesn't mean that they will be eventually included.

In setting up any plan of this nature, it can't spring full-grown from somewhere, and we believe that this is an area in which we can extend.

If I might just elaborate a little bit. When we began, for the first two years we only allowed prescriptions of physicians, and then, as information became available, and a study was made of the prescribing habits of dentists, we found that we could cover dentists without any change in premium.

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all of those, as you say, para-medical people, who are entitled by law to write prescriptions to treat the human body.

MR. MAJOR: You mentioned the controlled drugs. That's under a schedule, and there is a lot of drugs that are prescribed that do not have to be prescribed to be purchased; is that right?

MR. WILKINSON: That is so. Many, many drugs are the armamentarium of the physician. They aren't generally advertised, and aren't generally known. They are only used under prescription, but they aren't on any schedule, and they aren't restricted by law.

MR. MAJOR: I presume, Mr. Wilkinson, that a great many of these points would be covered in your enlarged brief, as well as the statistics, and so on?

Would your enlarged brief contain a copy of your contract with the pharmacies?

MR. WILKINSON: Yes; we appeared before the Select Committee of the Ontario Legislature, and provided them with this. We appeared before the Royal Commission on Health Services, and supplied them with a great deal of information, much of it on a confidential basis, much of it has not been published yet, for obvious reasons. It is statistical, and it is actuarial data, that has cost a great deal of money to accumulate.

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MR. WILKINSON: We would be very glad to make available all the information that this Commission thinks would be useful.

DR. BUTT: I think it has been an excellent brief, and we look forward to the further details.

This 35 cents - is this paid by the individual to his druggist, or pharmacist, or is it paid back to the Green Shield Plan, or what is the arrangement on that specific portion of it?

MR. WILKINSON: The 35 cents is paid by the patient to the pharmacist, who accepts that as his receipt. Now, we make an adjustment on this when we pay him on the number of prescriptions that he has filled. We make another adjustment with him, and we deduct our overhead from his bill, and also we make an adjustment of 35 cents, so that the pharmacist actually winds up by receiving 90% of our schedule of fees.

It gets complicated, but that is the way it winds up, sir.

DR. BUTT: The patient, though, in each case

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the onus is upon him to pay the first 35 cents, on receiving the prescription?

MR. WILKINSON: Yes.

DR. BUTT: The second thing is that the pharmacist does a great deal of your business. Is there any difference in the amount that he would be receiving, whether he just got one prescription in the year? In other words, is there a volume for druggists who are participating more highly, or is the rate exactly the same? It is a fee for an individual prescription?

MR. WILKINSON: That is so. It is the same for every pharmacist, whether he fills a hundred prescriptions or one prescription.

MR. WHITNEY: What premium do you charge?

MR. WILKINSON: The individual premium for a single adult is $1.90 per month; the spouse is $1.90 per month; any dependent adult that qualifies as a dependent adult in accordance with our service contract is $1.90 a month; children are 65 cents per month up to and including the third child; any additional children are carried in the plan at no charge.

This means that your minimum adult premium is $1.90, and your maximum premium, for any sized family, is $5.75.

MRS. AYLEN: Does your plan cover families with

the prescription?

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This means that your minimum adult premium is $1.90, and your maximum premium, for any sized family, is $5.75.

MRS. AYLEN: Does your plan cover families with

cystic fibrosis patients?

MR. WILKINSON: There is no limitation in this area.

MR. SIMON: Mr. Wilkinson, to what do you attribute the high cost of drugs in Canada?

I have some figures here before me, prepared by the Department of National Health and Welfare in Ottawa, which show that the cost of drugs per capita in Canada has gone up more than 100% in the past eight years.

THE CHAIRMAN: Mr. Simon, do you really think that question is pertinent?

MR. SIMON: It may not be pertinent to the brief, Mr. Chairman, but it's a general question I would like to get some idea from some experts on.

MR. WILKINSON: There is, I think, 14,000 pages of testimony on the Rowntree Commission; that is the Select Committee, and the report has been published. I have a copy, sir. If you would like it I would be glad to mail you one.

They can't find out what the trouble is, if there is any trouble. Your question assumes that there is a high cost of drugs, and even this is debatable.

THE CHAIRMAN: Do you have any further statements, Mr. Wilkinson?

DR. GALLOWAY: I would like to ask one question. Because of the fact Mr. Wilkinson said there were no

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THE CHAIRMAN: Do you have any further questions, Mr. Wilkinson?

DR. GALLOWAY: I would like to ask one question. Because of the fact Mr. Wilkinson said there were no

restrictions, and Mrs. Aylen has brought forward a situation that would be catastrophic to your plan. This particular disease requires thousands of dollars worth of drugs to keep these people alive.

Is there any loophole for you to restrict such people?

MR. WILKINSON: We have not had any problem with cystic fibrosis as far as the plan has progressed to date. We don't accept responsibility for the payment for pharmaceuticals for any person for whom the responsibility has already been accepted, which would be such organizations as the Provincial Government, or Workmen's Compensation, or any of these, and I presume these high-cost cystic fibrosis, by the time they've got to this high cost, that they are now the charge of some other agency.

DR. BUTT: Mr. Wilkinson, without pursuing it too far, do you feel if you were in the personal subscription -- in other words, individuals could buy your service, which is not the case at the moment, I understand, that this type of situation would develop? In other words, people who have a certain disease, which is known to them, would then become a great number of people on your register, rather than the total, or the cross-section of the population, or a cross-section of a relatively healthy group?

MR. WILKINSON: This is very true. Either you

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operate a group plan, or you operate an individual plan.

I dare say that, from the volume of mail that we have from all over this province, that if we were to make one single announcement, on one single radio station, that we were able to take individual families, that we would have the people lining up in front of our office tomorrow morning, nine abreast and nine miles long, at least, and every person would be sick, and every person would be using medication in excess of their $1.90 per person per month, and those people and organizations who believe that they can operate within the free enterprise system a plan for prepaid pharmaceuticals without deductibles on an individual basis, are just not aware of some of the hard facts of life.

DR. BUTT: Thank you. I think you have brought my point out.

MR. MAJOR: In your group plan, if a man leaves his group, can he take your plan with him?

MR. WILKINSON: Yes, he may apply within 30 days to go on a pay-direct basis.

MR. MAJOR: It is portable, fully portable?

MR. WILKINSON: And he is billed separately, as an individual.

MR. MAJOR: Does the rate go up?

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MR. MAJOR: And there are no exclusions, or restrictions to this individual agreement?

MR. WILKINSON: None. In answer to the Chairman's question, if at a later date we offer an extended brief, would we have the opportunity of appearing and explaining it?

THE CHAIRMAN: That would depend upon three things: one, your desire to do so; two, our desire to hear you, and, three, the ability of the Enquiry itself to invite you again.

MR. WILKINSON: Thank you.

THE CHAIRMAN: If you have nothing further, then, gentlemen, we appreciate your coming here. Thank you very much.

/dpw

SUBMISSION OF THE ESSEX COUNTY CHIROPRACTIC COUNCIL

Appearance: Oswald Dunn, D.C., C.D.

THE CHAIRMAN: Are you alone, sir?

MR. DUNN: Yes.

THE CHAIRMAN: Were you here when I read the general instructions previously?

MR. DUNN: Yes.

THE CHAIRMAN: Would you mind identifying yourself?

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MR. DUNN: I am Oswald Dunn. I am a practising chiropractor in the City of Windsor for about 12 years. I am representing the chiropractic profession of this county.

THE CHAIRMAN: Thank you.

MR. DUNN: Briefly, the intention to appear here today was not to present a brief on behalf of the chiropractic profession. That will be done at the Toronto hearings by the main body of the profession. But in Essex County we have the unique experience of having Windsor Medical Services plan operating, perhaps the finest plan of its type in North America, unquestionably providing a level of services to the public which makes a dramatic impact on public health. Nevertheless, I feel that the situation, as I have seen it in the 12 years I have been here, warrants me introducing a few remarks today to vindicate the position of the chiropractor, in both the services to the community and the fact that he actually can exist in the face of such a tremendous medical plan.

I do not intend to deal with the brief extensively. If I may offer a few points on this unique feature of the dual professional existence here, I would like to support this with a few remarks.

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high standard of services. However, in this regard it must be borne in mind in this area that the union-management contracts have been negotiated with health services in view and the health service that has been paid for as fringe benefits by management is, in part at least, responsible for the wide area of usage of the Windsor Medical Services.

Union officers I have discussed this with from time to time, as I see them on chiropractic problems, have indicated to me that the schedule is excellent; still, they are not entirely satisfied, but they also say that they cannot do better at the moment. So they are, naturally, quite happy with the arrangement they have. Generally speaking, the union picture, as I see it, talking to men, such as the Secretary of the District Councils, which cover large areas of Toronto, will support this picture as I have outlined it. The Windsor Medical Services is exclusively medical and the services of a chiropractor are not permissive. We usually refer patients who are paying cash there. Although outside of this area a chiropractor may be obtained from most of the health insuring companies.

I think Travelers' and Aetna are the two largest insurance groups on the continent for chiropractic and in this area they take care of the rest of the cases under the Workmen's Compensation Act. The Teamsters, hauling their vehicles out of here, have chiropractic insurance; the

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service stations have, too, and automobile accidents are covered. So that while our patients are covered under these few insurance policies, most of them are employing our services on a cash basis. But, generally speaking, when we see a patient in this area, a new patient, we are invariably asked for a bill, so that the people may bill Windsor Medical and this, I understand, over the years, has proved quite embarrassing to Windsor Medical, to be constantly billed for some service not in the contract. But people just consider this is a health plan, not a medical policy.

We of the Council have tried to discourage this. We have pointed out that this was embarrassing to Windsor Medical and they finally produced a sub-section K in the contract which outlined the exemptions, which are chiropractic, optometry and dentistry, et cetera. While that takes a little load off Windsor Medical, it does not satisfy the subscriber, if he feels that he has paid for health care and he is not getting free choice of the service that he requires.

I have said that we are very concerned about the people that we do not see, who are obviously in need of care and, as a result, become out of work or, while not unemployable, certainly lose a lot of time off work. We see a lot of cases - possibly arthritics is a good example - people where well-established cases of arthritis, which could, in the main, have been aborted, or certainly reduced in its

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rapid advance, if we had been able to service them at a much earlier age. But we have come to the conclusion that basically it is a question that either they do not want to see a doctor at all or they do not come early enough because of the economics of the problem.

Chiropractic has existed here since 1912. The first chiropractor in Canada was in this area in 1911, and he did not practise here. The first practising chiropractor here was in 1912 and they have practised here continuously since. The profession in that time has developed and many of the theories that were very questionable at that time have now been validated by science. Today the chiropractor is, in the main, in this area, a graduate of a four-year medical-type course. Many in that group have been practising here for up to 30 years. I have gone on in the latter part of the brief to point out that we apply a rather specialized approach and I have said that we are not duplicating a service of medicine; conversely, neither do the doctors of medicine duplicate the service that we provide.

The conventional training and education given a doctor of medicine, on the present curriculum at universities, does not comprehend the type of approach that we are using and I do not think that the teaching medical hospitals incorporate the manipulative approach that we are using. Certainly, none of the general practitioners that I know, or

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from reading, I feel have the time to spend studying chiropractic and statistics show that fewer medical students are entering college than are required to take up the burden of the population and their future medical requirements.

So it seems that since the specialty of chiropractic is not covered by medical doctors and it is not likely to be, that we are going to continue as a profession in this area, doing our work.

Generally speaking, chiropractic has been carefully defined as not encroaching into medicine. We find that at our upper level our cases do slightly encroach into the orthopaedic specialist field, but by and large this is an area where we enjoy most of the Compensation Board practice, where we normally refer to the orthopaedic surgeon, when the case does not come along well under our management.

At the lower limit, we are more infringed on by the physiotherapist; however, he is acting on prescription from the medical doctor and our scope, then, is in between those two groups. So, patients coming to us from medicine are not receiving a duplicate form of treatment or a repetitious form of treatment. This situation was also established in Australia, where the Royal Commission very carefully went into the possibility of duplication of services and they found pretty much the same situation.

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Australia found it primarily where we fitted into the health picture.

That pretty well sums up the remarks I wished to make. I had tried here to point out the tremendous public endorsement, and I think there are 250,000 people in this area enjoying a prepaid medical plan; therefore, there is no question of doubt that the people in this area are thoroughly satisfied with the principle of spreading the premiums over the entire population to get a high standard schedule of services.

Nonetheless, I think that the union situation and the fact that the people persistently want to bill Windsor Medical for chiropractic services, is some fair indication of the public's desire to have a standard schedule somewhat broader than it is. Certainly, the fact that the patients here in this area have the choice of 500 medical doctors, and many fine specialists, still find themselves coming to chiropractic, which has been maintained in the face of the situation, which would indicate that we perform a service in the health field that is not being duplicated and the public is very much in need of that service.

Actuarially, I am not able to assist the Commission in any way, I think, except to say that our experience as a profession has been satisfactory to the major health insurance companies in the North American Continent.

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Actuarially, I am not able to assist the Commission in any way, I think, except to say that our experience as a profession has been satisfactory to the medical health insurance companies in the North American Continent.

We do accept cases on the same basis as a medical doctor, from the Workmen's Compensation Board who, apparently, are satisfied with the actuarial problem. And, as I understand it, we have had no problem with the commercial carriers in any way. That is the gist of my remarks.

THE CHAIRMAN: Thank you. Some of the members of the Enquiry have indicated a desire to ask you questions, sir. Dr. Galloway?

DR. GALLOWAY: Mr. Chairman, and sir: by the way, sir, I am not being facetious when I ask this question. I noted at the bottom that your initials are D.C., C.D. Could you please explain that?

MR. DUNN: The D.C. is Doctor of Chiropractic. I spent 20 years in the Canadian Army, which entitles me to have the C.D. behind my name. I commanded military regiments in this area, so I am entitled to have that.

DR. GALLOWAY: The brief which your main organization has written is a tremendous brief, a very powerful one and, at your own request, we will try to refrain from asking general questions and only ask about the area here.

Roughly, how many chiropractors are there in this area?

MR. DUNN: There are 12 chiropractors practising here.

DR. GALLOWAY: In what way would it affect

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DR. GALLOWAY: In what way would it affect

Bill 163, or whatever plan is proposed, if you were included under Schedule A in benefits? In other words, how many patients would the average chiropractor treat a day and what would be their overall cost per treatment?

MR. DUNN: In the presentation of the Royal Commission, I believe that the general average for a chiropractor across Canada is something around 80 patients a week. The average fee being charged in Ontario is approximately $4 per treatment. In some cases, chronic cases, by the nature of the diagnostic procedure, the chiropractor will x-ray the case before accepting it, primarily because we do an architectural-type study, which necessitates the patient being x-rayed in a vertical alignment, with the technical factors of x-ray being known ahead of time, to avoid distortion; so that case would include x-ray, which would be a slight increase over the $4.

DR. GALLOWAY: Are there any areas in which you have been treating indigents in this area, up to the present time?

MR. DUNN: No. The policy we have at the moment is that we treat them at no charge, because the Ontario Chiropractic Association has been making representations to the Government, since the profession in other provinces does treat indigents without cost, but on the basis of that, they are excepted from a charge.

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DR. GALLOWAY: Does this represent any considerable amount of your practice?

MR. DUNN: No, I would say not.

DR. GALLOWAY: One out of 80?

MR. DUNN: I beg your pardon?

DR. GALLOWAY: Would it be one a week?

MR. DUNN: Yes, I would say. I find that people are embarrassed. A treatment in the office takes not less than 25 minutes, which means I am there a considerable number of hours a day, and the people who are coming at no cost come into the office and if there are patients in the office, they are somewhat embarrassed and won't come back.

DR. GALLOWAY: You spoke of the arrangements with the Workmen's Compensation Board and the referral directly to orthopaedic surgeons.

MR. DUNN: Yes.

DR. GALLOWAY: Are there any restrictions in this regard? You spoke as if you had to refer directly to some particular group.

MR. DUNN: No. The position is that we are privileged, as a medical doctor is, to accept the case. There is no differentiation between a medical doctor and a chiropractor. We diagnose the case and if we consider it is a case which falls within the scope of our treatment, we will accept it.

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Now, of course, treating an accident case is rather awkward because a spinal injury may be a simple, straightforward case; he may have had an acute back problem, which he does not disclose, because he is only interested in the accident. But, basically, after about two or three weeks it is possible to determine whether this case is going to be satisfactorily completed or not. The average compensation case will be completed in around 27 days. So at the end of three weeks, it would be a case - this man would not be paid, in other words. So, therefore, to avoid prolonging the case unnecessarily, the Compensation Board likes to have an orthopaedic in. So, naturally, deferring to their wishes, we consult the orthopaedic surgeon long before it gets to that stage.

This is an area in which we can satisfactorily and happily get along with the medical profession, simply because there are Workmen's Compensation Board problems which require it.

DR. GALLOWAY: They require it?

MR. DUNN: If the case is going on ad infinitum, it is not an insurance-type case; it is not a mandatory thing, but you can continue this case for some time. I think the point I should make is that the case is not referred to a general practitioner; it would be referred to a specialist.

DR. GALLOWAY: The only other question that I

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DR. GALLOWAY: The only other question that I

have to ask is this: you commented on the fact that you were not encroaching on any other field of therapy.

MR. DUNN: Yes.

DR. GALLOWAY: Would you like to comment, in this regard, on the osteopaths and the medical manipulators and the podiatrists?

MR. DUNN: Yes. Taking the podiatrist: he, basically, as I have observed them operating in the city and talking to the younger men, tend to manipulate the feet, to some degree, and it is a localized manipulation and the tendency in podiatry is more towards physical correction, a field in which we do not establish ourselves - purely the manipulation of joints of the body; whereas, podiatry is a militant area to the feet and, as I see it, the modern, young doctor of podiatry seems to be going more for surgery and application of medication.

The osteopathic situation in the years I have been here, I see no evidence that there will be any more osteopaths coming into the profession. There are very few at the moment and I do not know that their colleges are producing enough graduates to affect the situation. I may have made that statement too broad, but I probably had that impression in my mind when I wrote that. Medical manipulators - I believe in the city there is one medical doctor who will adjust his patients, but, generally speaking,

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the medical men that I have personal acquaintance with are just worn out with the general work of a general practitioner and I know of no medical men who spend 15 or 20 minutes diagnosing and manipulating patients. His case load is too heavy. I am sure when you hear the Windsor Medical presentation you will realize that the G.P. is in a terrible situation; the patient load is so heavy. So I cannot visualize any G.P., unless he has just arrived in the area, attempting to do that.

DR. GALLOWAY: I have one more question and this was in relationship to insuring your service. I was not sure what was meant in the brief when you are commenting on Windsor Medical Services. Is it your opinion that Windsor Medical Services should insure your service and, if not, what way do you think your service should be insured, under Bill 163?

MR. DUNN: No. I am not implying Windsor Medical would include us. On its present basis, it is a primarily medically-oriented group, including the union people who support Windsor Medical. I am not even represented on the Board, so I do not conceive of being in that plan. But I do say that Travelers' and Aetna are the two largest insurance corporations on the continent and they embrace the entire business of all the other companies who are in health, and accident is secondary to those two major groups. Those groups employ actuarial specialists and many have talent;

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inasmuch as it is satisfactory to them to include and pay for chiropractic claims, then actuarially it must be reasonable. The claims must be reasonable and acceptable, or these people would not include them in their insurance contracts. So, as I understand this Bill, the preamble that was given to me was that the standard schedule would be arrived at and available to the public through existing carriers.

So, therefore, Travelers' and Aetna, they are existing carriers; they are the largest on the continent. They do provide chiropractic. They are satisfied actuarially and I think that beyond that I can't go because I am a doctor. I am not an insurance man. I just do not understand the mechanics of the insurance field.

THE CHAIRMAN: Mr. Whitney?

MR. WHITNEY: I do not think I have any questions, Mr. Chairman. I did have some but they have been nicely covered by Mr. Dunn.

THE CHAIRMAN: Mrs. Aylen?

MRS. AYLEN: I think it has been established that you treat arthritic patients quite frequently?

MR. DUNN: Yes.

MRS. AYLEN: Does this treatment occur constantly or is it just when the patient is in extreme distress?

MR. DUNN: Well, I would have to divide your

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MR. DUNN: Well, I would have to divide your

question into two parts. Basically, we are dealing with men and women. Taking the men in the industrial field, a large group of men in this area that are suffering from the worst situation are the men in this field who have been employed in factories and are now in the 45-55 age bracket and they arrive because of the pain problem. These are not Workmen's Compensation cases. These are men working on the assembly line, doing repeated operations which require a certain amount of bending and it is quite easy to determine the arthritis in this case is fairly extensive and probably extended 15 or 20 years, indicating that they had a long back-pain history.

You also get the rheumatoid type of arthritis which you see in the non-industrial occupations. But I would say the pain brings the people into the office and when the pain disappears, so does the patient. Primarily, it is economic.

MRS. AYLEN: Well, then, the second question is: have you got a breakdown of the average number of visits per patient per year?

MR. DUNN: How was that arrived at?

MRS. AYLEN: Have you got a figure on the average number of visits per patient per year?

MR. DUNN: Can I answer that by saying that an independent group have been employed to study back cases and they arrived at this figure of $27. We can furnish the

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Commission with that report. This was done by an independent study group and they took 5,000 cases and broke them down. This is rather a difficult thing to answer.

MRS. AYLEN: I was just interested in that.

MR. DUNN: You mean in my own practice how many times do I see a patient in a given year?

MRS. AYLEN: As I understand it, the treatment is palliative and agreeable?

MR. DUNN: No.

MRS. AYLEN: And the patient enjoys it and they get relief? I would like to know how often each one of them comes per year.

MR. DUNN: No, it is not palliative. Chiropractic is a system; actually, it may cure a specific problem. If you have a headache and the headache is caused through the fact that you have been scrubbing the walls in your home and inadvertently caused muscular contraction in an area of the vertical thoracic spine to cause sufficient neurological involvement to give you a headache, you probably have four or five treatments and if you diagnose the case correctly, it will disappear.

I would not expect to see that patient back until they fell down the stairs in the Fall.

MRS. AYLEN: I may have used the word in the wrong sense. I am sorry.

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MR. DUNN: But the chronic cases with 20 years' history might be in the office as high as about 25 times a year; perhaps a month's intensive treatment and then a treatment a month thereafter.

THE CHAIRMAN: Thank you. Mr. Mulrooney?

MR. MULROONEY: I think all the questions I had have been answered.

THE CHAIRMAN: Mr. Major?

MR. MAJOR: Mr. Dunn, is it possible - and I am trying to get some education on this now - is it possible for you to resolve a high fever?

MR. DUNN: My personal answer to that - and I can't speak for my colleagues - generally speaking, under the law, I am required to refuse to treat infectious disease. Infectious disease will be - the promontory symptom will be high fever. So if we have a patient comes in with a high fever, 102 or 103, first it is unlikely that he will arrive in my office; but people who are dedicated patients will arrive in certain conditions and if I think it is a cold or a condition of a minor nature, I will accept the patient and, yes, the cases do resolve very rapidly.

It appears to be a question of time. If the feeling has gone past a certain point to where the symptom picture is beginning to emerge, then the answer is no.

MR. MAJOR: In other words, you use judgment and

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It appears to be a question of time. If the feeling has gone past a certain point to where the symptom picture is beginning to emerge, then the answer is no.

MR. MAYOR: In other words, you use judgment and

discretion on the acceptance of a patient in respect to his systematic condition?

MR. DUNN: Yes. It is a question of attempting to diagnose a case quickly to ascertain has it gone beyond a point where it (a) can be helped, and, (b) should be turned over to a general practitioner for antibiotic treatment.

MR. MAJOR: Do you have in your office a routine for this reference? In other words, do you ask a patient, "Have you a family physician?" and, if so, "Go and see that physician."? Or, would you recommend a particular physician?

THE CHAIRMAN: If I might interrupt, I believe that question can only be answered on an individual practitioner's situation, rather than generally. It would hardly be in order.

MR. MAJOR: I will withdraw the question. Let us look at it from another angle. From what you said a few minutes ago, you said that the average general practitioner's case load was so heavy that you doubt that he could take 20 minutes. Do you mean this generally speaking on the average case? I think there are cases where the physician would take 20 minutes or more.

MR. DUNN: I said for manipulation of a specific area.

MR. MAJOR: Yes. Did you intimate that the

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MR. MAJOR: Yes. Did you intimate that the

general practitioner can do this manipulation? Is he qualified? Has he been trained to do this?

MR. DUNN: Yes.

MR. MAJOR: And the fact that he does not do it is just because he doesn't have the overall time to do it?

MR. DUNN: My feeling of general practitioners ranges among the group of men that I am personally acquainted with and in the orthopaedic world that I am acquainted with and the observations of my colleagues across the province from time to time. But in this specific area, with the Windsor Medical plan, as I have said, most medical doctors, when their offices are open, are extremely busy men. The field of the general practitioner is so extensive, the type of cases he is doing would run the gamut and even with the referral to a specialist, I still feel that the load of the general practitioner does not permit him to spend a large amount of time with the patient, unless it is necessary to diagnose the patient to come to his logical conclusions. But I do not think that the average general practitioner will divert from his conventional approach to manipulating.

The medical doctor's approach is therapeutic. He might instruct his nurse to use a massage; he might even refer the case to physiotherapy; but I doubt very much, on the basis of personal examination, that he will manipulate.

Secondly, in the standard medical course the

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doctor is not involved in the theory of practice of chiropractic, nor is he taught the treatment as a chiropractor is taught. We have established a working relationship with the University of Toronto, through our College and through our students who have been in and fraternized through the faculties and we know from this that the coming medical doctors are certainly not primarily interested in manipulation.

I am not speaking of the orthopaedic specialist, of course.

MR. MAJOR: This fraternization is unofficial?

MR. DUNN: No. The University of Toronto journal recently asked the Dean of our College to write the lead article for the University of Toronto medical journal on subluxation, which was discovered by him.

MR. MAJOR: The other question is this: you have stated that you refer a case and it may be to Workmen's Compensation, and I take it that accordingly any case that you had in your office that appeared to you to be beyond the limits of your profession, in orthopaedics you would refer this to an orthopaedic specialist? Is this a one-way street, or does the orthopaedic specialist sometimes refer a case to you?

MR. DUNN: That is a difficult point to answer. Yes and no. When I refer a case to an orthopaedic specialist, I probably am at the stage in the case where I am concerned

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I probably am at the stage in the case where I am concerned

that what I am doing and my diagnosis - I may have missed something. No doctor is infallible, and, therefore, in many cases I will refer to the specialist who will have x-rays taken medically, which are different from the set I have taken, a different technical approach. It may be lying and I did mine standing, but we will then get the services of a radiologist, whose opinion will differ from mine, and he will cover more area of involvement and the orthopaedic surgeon, having seen the x-rays, will arrive at the opinion that this should not go to operation and may then suggest that the patient come back to me or may go to a doctor of physical medicine, which is a different phase of the treatment.

Generally speaking, my relations in this respect are quite good; that is, if the doctor of physical medicine has not been seen before the patient came to me, before I referred him to the orthopaedic man.

MR. MAJOR: Thank you.

DR. HAMILTON: I was not quite clear what you meany by an association between the Chiropractic College and the University of Toronto. Can you tell me?

MR. DUNN: Yes. I am trying to. I do not speak of association as a formalized written constitution. I am saying that there is a rapid form of it developing.

DR. HAMILTON: On what do you base this?

MR. DUNN: As I said, I think that if the

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DR. HAMILTON: On what do you base this?

MR. DUNN: As I said, I think that if the

University of Toronto journal would invite the Dean of the Chiropractic College to write an article on subluxation, that certainly is done with the approval of the university.

DR. HAMILTON: Do you know what journal?

THE CHAIRMAN: I think it is fair for you to know that Dr. Hamilton is Dean of the Faculty of Medicine of the University of Toronto.

MR. DUNN: I would be glad to supply copies of that.

DR. HAMILTON: No. What journal?

MR. DUNN: It is sitting in my office at the moment. It is the University of Toronto.

DR. HAMILTON: The Undergraduate Medical Journal?

MR. DUNN: No, I do not think it is.

DR. HAMILTON: That is the only medical journal..

MR. DUNN: As I say, sir, I will be glad to supply you with a copy of it.

DR. HAMILTON: ...that has the University of Toronto's name on it and your assumption is based on the fact that a member of the Chiropractic College was asked to submit an article?

MR. DUNN: The Dean, yes.

DR. HAMILTON: To the Undergraduate Medical Journal?

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DR. HAMILTON: I am telling you there is no other medical journal of the University of Toronto other than the one that is operated by the undergraduates who collect articles.

MR. DUNN: I can only supply a copy of it.

DR. HAMILTON: Yes. I have a copy. Thank you.

MR. COULTER: You say there are twelve practising chiropractors. This is in Essex County?

MR. DUNN: Yes.

MR. COULTER: And roughly 80 patients a week?

MR. DUNN: Yes.

MR. COULTER: This would mean roughly a thousand patients a week?

MR. DUNN: That is correct.

MR. COULTER: Thank you very much.

DR. BUTT: Mr. Dunn, you mentioned two insurance companies, I believe, by name. Do you know on what basis you are paid by them? Can you give me the details of that?

MR. DUNN: No, sir.

DR. BUTT: Do they pay you the whole payment?

MR. DUNN: No, sir. It does not say Under-
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MR. DUNN: No, I can't; except that I can quote you...

DR. BUTT: To be more specific, what is your relationship with these two companies?

MR. DUNN: I can quote you a special bulletin I have just received:

> "Effective September 1st, 1963, for new plans, and January 1st, 1964, for most existing plans, the group division of Aetna Life Affiliated Companies will recognize chiropractors under major medical and comprehensive medical insurance plans. Heretofore, Aetna has recognized chiropractors only under their basic plan."

Travelers' is the same.

DR. BUTT: To be more specific, have you had any relationship with that situation?

MR. DUNN: The situation here is that the 254,000 residents of this city belong to the Windsor Medical plan; it would be practically impossible for Travelers' to sell insurance in this area. Might I add London Life Insurance Company of Canada writes chiropractic and medical insurance across the country. In this area they provide also a weekly indemnity sickness plan. That is to say, a man is sick and he

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gets paid by London Life to stay off work on a doctor's certificate, which I am entitled to write. He would be paid his weekly salary by London Life, but as far as they know he is getting his medical service from Windsor Medical.

DR. BUTT: Have you had any relationship with these insurance carriers at all?

MR. DUNN: Yes; with Travelers'.

DR. BUTT: In what way do they pay you?

MR. DUNN: I get paid by a cheque monthly.

DR. BUTT: By a cheque directly from them?

MR. DUNN: Yes.

DR. BUTT: For the full payment?

MR. DUNN: Yes.

DR. BUTT: And it does not go to the patient, or anything like that?

MR. DUNN: No. The C.M.A. form is signed and the cheques go in to them or to me.

MR. NAYLOR: I do not think it is fair that Aetna or Travelers' or London Life should get all the free advertising.

MR. DUNN: I wished to point out the major ones.

MR. NAYLOR: That is a general practice among the insurance companies, to pay benefits for chiropractic treatment under both basic plans which cover general medical

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expenses and major medical?

MR. DUNN: Yes. I might say, sir, that I said at the outset I was not trying to represent the Association and I am in deep water because I am not competent to comment on these insurance things, other than to make the major points I had intended.

THE CHAIRMAN: I believe, if I understood you correctly, that you said that there is a strong demand from the union for services of chiropractors to be included in the Windsor Medical Service?

MR. DUNN: Yes.

THE CHAIRMAN: What do you use as the basis for your judgment on that?

MR. DUNN: This is probably one of the most unionized cities in the country and my relations with the chairmen of the three major unions which cover the city are excellent. I visit them twice a week. The Chrysler Corporation of Canada, Ford Motor Company, and Local 195, which covers all the small plants in the city.

A week ago I visited them and showed them a copy of the brief and I intimated the position in which I was going to state the case, but they still wished to have this included in their contract, and I asked them did this differ from their present stand and they assured me that their stand is exactly the same.

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And in this area we have the headquarters of Local 26, I think it is, which covers the U.A.W. all over Ontario and there is a minute in the proceedings of that council which instructs union officers to try to incorporate chiropractic in union-management contracts across Ontario, wherever U.A.W. is in bargaining sessions.

One of the officers asked me if I wished to have formalized statements to that effect that I had stated the position, asking to be included in the chiropractic schedule, and I said no, I did not think it was necessary and that if it was I would do it.

MR. SIMON: Does your Association ever make an attempt to get recognition under The Medical Act?

MR. DUNN: You mean in Ontario?

MR. SIMON: Yes.

MR. DUNN: No. I am afraid I am not sufficiently high enough echelon to answer that. You can ask the Secretary of the Ontario Chiropractic Association in Toronto.

THE CHAIRMAN: Are there any further questions?

Thank you, sir.

Are there representatives here from the Windsor Chamber of Commerce?

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SUBMISSION OF THE WINDSOR CHAMBER OF COMMERCE

Appearance: Charles V. Gordon

THE CHAIRMAN: Were you here when we opened this morning?

MR. GORDON: No, sir; I just came.

THE CHAIRMAN: Well, I will read to you the instructions, then, that we read at that time to those presenting briefs, and then you can use your own discretion as to whether you wish your committee members to join you.

Members of the Enquiry have received and studied the brief you submitted. In accordance with the guide for participation in hearings that was mailed to you, it will not be necessary for you to read your brief, but you do have an opportunity to emphasize or enlarge upon its conclusions or recommendations.

Members of the Enquiry may ask you questions on the statements or recommendations submitted in your brief, but you are not to be subjected to examination or cross-examination by other persons.

It is not our intention to debate your suggestions or recommendations, nor to state the views of this Enquiry on them. Consequently, any opinions expressed in questions asked or statements made by members of the Enquiry are intended for clarification only.

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As stated in the instructions, one person is to

act as your spokesman. However, if the spokesman feels that another member is better qualified to answer a specific question from a member of the Enquiry, the spokesman may receive the Chair's permission to request the other member to answer.

So that if you have other members of your committee who you wish to join you there in case you do wish to ask them to answer, you may do so.

MR. GORDON: Thank you very much. Mr. Chairman and ladies and gentlemen: you will notice that this is a very short brief, because we thought that we would deal in generalities, rather than in specifics. Now, I don't think that there is any need for emphasizing anything. You can see generally we are in agreement with Bill 163.

However, there are two specific recommendations that we make. One, of course, is that because of experience in other localities where there has been this type of legislation, not as drastic as this, possibly -- I should put it the other way: more drastic legislation than this, there has been a trend to downgrade the profession, which I am sure, of course, you don't want to do.

The other recommendation is to put the merchant, and the professional man, and the small businessman, and the individual, on the same basis as the employee of the larger companies, where, more so probably in Windsor than in any other location, the employer pays the full cost of a lot

and as your spokesman, Denver, if the opposers feel that another member is better qualified to answer a specific question from a member of the Industry, the opposers may request the Chair's permission to request the other member to answer.

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The other recommendation is to put the merchant, and the professional man, and the small businessman, and the individual, on the same basis as the employee of the larger companies, where, more so probably in Windsor than in any other location, the employer

of fringe benefits, and if this was implemented it would put everyone on a much fairer basis.

THE CHAIRMAN: Thank you. Some of the members of the Enquiry have indicated the desire to ask you questions.

Dr. Butt, have you a question?

DR. BUTT: Well, to pursue your last statement a little further, you feel that this would give the individual a greater stimulus to buy the insurance? In other words, if the premium was a deductible item as an expense, and I realize that this probably comes under a federal-provincial agreement, or something of this nature, but is this specifically, or can you elaborate?

MR. GORDON: We didn't have that in mind. We were thinking of just being fair, but I suppose that to a certain extent it would stimulate purchase of this insurance, although I don't think that this, by itself, would decide a person whether or not he should buy the insurance or not.

I think that he should get it for protection.

DR. BUTT: Have you any specific suggestion as to how we could implement this?

MR. GORDON: Well, it would be, of course, as you point out, a federal matter, and in your discussions with the federal authorities, the tax authorities, I would think that you could ask them to include it as a deductible item from gross income.

of Privacy Committee and if this was something it would be
appropriate for a Law Reform Body.

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DR. BUTT: [illegible]

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item from gross income.

MR. WHITNEY: In the same way that it is under groups; that is what you mean?

MR. GORDON: Well, with a group it is deductible, like, from gross income for the employer, that is correct, and then, it isn't reported as income by the employer to the Federal Government for the employee. He gets this as a tax-free benefit, and the employer gets the benefit of this expense against his tax liability.

THE CHAIRMAN: Thank you. Dr. Butt, did you have anything further?

DR. BUTT: No.

THE CHAIRMAN: Mr. Simon?

MR. SIMON: Well, in line with this, Mr. Gordon, would you agree that the employee who is also paying his full share to the developer, should also have that part tax-free?

MR. GORDON: That's what we mean by it is a deduction from gross income for income tax purposes, the premium, or part of the premium paid by the individual. That is, if the employer deducts that from the employee, he could have it as a deductible item. If the employer deducts half of the cost, the half cost that the employee is paying through payroll deductions should be allowed as a deductible item.

That is the thought.

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MR. SIMON: Mr. Chairman, my second question is, I wonder if your organization have any figures with regards to the proportion of the population covered by plans in this area, in proportion with the rest of the province?

MR. GORDON: It is almost 100%. The larger employers have practically 100% free Windsor Medical and Onatrio Hospital for their employees. We are unique in that respect, I believe.

MR. SIMON: My third question is - and it was partially answered by Mr. Gordon - of course, not to my satisfaction. I wanted to know (a) with regards to doctors' treatment, and so on, you made a general statement. I would like you to elaborate more on that.

Where, and in what part of Canada, are doctors being mistreated, in the line of what you say?

MR. GORDON: Well, as I told you, this is a general statement. It is a general brief, but I believe that it hasbeen shown to a certain extent that in Britain, when Britain first started socialized medicine, and this is apparently an answer to socialized medicine -- also in Saskatchewan, that there was quite a bit of chaos.

I don't pretend to be an expert now, and we did not research this, but this is a general impression that I believe pretty well everyone has.

MR. SIMON: I may say it is wrong.

TORONTO, ONTARIO

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THE CHAIRMAN: Does that complete your questioning, Mr. Simon? Mr. Naylor?

MR. NAYLOR: No, I have no questions.

THE CHAIRMAN: Miss Carpenter?

MISS CARPENTER: No, I have none.

THE CHAIRMAN: Do any other members of the Enquiry have any questions?

MR. MAJOR: Mr. Gordon, would you think it would be within the references of this Enquiry to recommend to the Provincial Government that it take this matter up in respect to the income tax on the self-paying man? Do you think this would be within our references?

MR. GORDON: If you want a personal opinion, and that's all I can give you, I would believe so. That would be correct.

THE CHAIRMAN: Thank you very much, Mr. Gordon. Are there any further questions? That completes our hearing scheduled for this morning, ladies and gentlemen.

I would like to meet with the members of the Enquiry for a few minutes before we adjourn.

--- Whereupon the hearing was adjourned at 11:45 a.m. on Tuesday, December 3, 1963, until 10:00 a.m. on Wednesday, December 4th, 1963.

THE CHAIRMAN: Does that complete your questioning, Mr. Simon? Mr. Naylor?

MR. NAYLOR: No, I have no questions.

THE CHAIRMAN: Miss Carpenter?

MISS CARPENTER: No, I have none.

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